

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1	1		
3			1			
4		3	1			
5			1			
6			1			
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42			1			
43	1		1			
44	2		1			
45	2		1			
46	2		1			
47	1		1			
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.			42			
TOTAL CLAIMS			47			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			5			
TOTAL DEP.			42			
TOTAL CLAIMS			47			

BEST AVAILABLE COPY